

NOTICE OF CHANGE IN ENROLLMENT STATUS

6 GAO 5000

Approved For Release 2003/08/13 : CIA-RDP86-00964R000100120018-5

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(The part(s) marked with an "X" applies to you)

A. IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
4. ADDRESS (NUMBER AND STREET)	5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO.
(CITY AND ZONE NUMBER) (STATE)	7. DATE ACTION BECOMES EFFECTIVE	

B. TERMINATION

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN TERMINATES EFFECTIVE ON THE DATE SHOWN IN ITEM 7, ABOVE. YOU ARE ELIGIBLE TO CONVERT TO A NONGROUP CONTRACT.
(SEE PART B ON OTHER SIDE FOR INFORMATION ON TEMPORARY EXTENSION AND CONVERSION)

C. CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN BY ITEM 6, ABOVE, HAS BEEN TERMINATED IN ACCORDANCE WITH YOUR RECENT ELECTION OF ANOTHER PLAN.

D. TRANSFER

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN WILL BE TRANSFERRED TO.
EMPLOYING OFFICE (OR RETIREMENT SYSTEM) ADDRESS
(SEE PART D ON OTHER SIDE FOR INFORMATION ON TRANSFER OF ENROLLMENT)

YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN TRANSFERRED TO THIS OFFICE. ☐

E. SUSPENSION OR REINSTATEMENT

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN SUSPENDED WHILE YOU ARE ON ACTIVE MILITARY DUTY OR FOR THE REASON STATED IN REMARKS.
(SEE PART E ON OTHER SIDE FOR INFORMATION ON ENTRY ON ACTIVE MILITARY DUTY)

YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN REINSTATED, EFFECTIVE ON DATE SHOWN IN ITEM 7, ABOVE. ☐

F. CHANGE IN NAME OF ENROLLEE

THE ENROLLMENT SHOWN IN PART A, ABOVE, HAS BEEN CHANGED TO: ☐

NAME ADDRESS IF DIFFERENT FROM ITEM 4, ABOVE DATE OF BIRTH

G. CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. ☐

NEW ENROLLMENT CODE NUMBER

H. REMARKS

I. DATE OF NOTICE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL DATE

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PART B.—TERMINATION

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TEMPORARY EXTENSION OF COVERAGE

Your enrollment terminates on the date shown in Part A, Item 7. If your enrollment terminated for any reason other than voluntary cancellation, coverage under your group plan will be extended temporarily for 31 days from the date shown. If you or any covered member of your family is confined in a hospital on the 31st day of this temporary extension, that person's benefits may continue for the rest of that confinement, but not beyond 60 additional days.

CONVERSION TO NONGROUP CONTRACT

You may convert your group coverage to a nongroup contract, without evidence of good health. The nongroup contract to which you may convert is one regularly offered by your Plan. It may differ from your group plan in benefits or cost, or both, and you will have to pay the entire cost of the nongroup contract direct to the Plan. The nongroup contract will become effective on the day after your 31-day temporary extension of group coverage ends.

If you are interested in converting to a nongroup contract, fill in the box at the right and mail this form to the nearest office of the Plan in which you have been enrolled (see your Plan's brochure or ask your employing office for the address of the Plan's nearest office). The Plan will promptly send you an application form and details concerning benefits and rates of the nongroup contract to which you may convert.

TIME LIMIT ON CONVERSION

To be eligible for the conversion, this form, with the box below completed, must be received by your Plan not later than 31 days after the date shown in Part A, Item 7, or 15 days after the date in Item 1 on other side, whichever gives you more time.

YOUR SIGNATURE (DO NOT PRINT)
DATE
Print your address if it is different from that shown in Part A, Item 4, on the other side.
NUMBER AND STREET
CITY AND STATE

PART D.—TRANSFER OF ENROLLMENT

TRANSFER

If you transfer to another agency or payroll office, your new employing office will take the necessary action to continue your enrollment when you enter on duty. **Show this form to your new employing office as evidence of your enrollment.** However, if you are in a Comprehensive Medical Plan and leave the area served by the Plan, you may have to reregister in another Plan within 31 days.

RETIREMENT

Your group enrollment will automatically be continued during retirement if (1) you are entitled to an immediate annuity, and (2) you retire after completing at least 12 years of creditable service or for disability, and (3) you have been enrolled in a health benefits plan under the Federal Employees Health Benefits Act during all of your service from the time of your first opportunity to enroll or for the 5 years of service immediately preceding retirement. Your share of the cost of your enrollment will be deducted from your annuity. If you have not already filed an Application for Retirement, you should do so promptly in order to avoid any question about your health benefits coverage.

DEATH

If the deceased employee or annuitant was enrolled for himself and family and had at least 5 years of civilian service and if at least one member of the family is entitled to annuity as the sur-

vivor of the employee or annuitant, group enrollment of each eligible family member who was covered by the enrollment of the deceased will be automatically continued. If there is only one eligible survivor, the enrollment will be changed from family to individual. The survivors' share of the cost of the enrollment will be deducted from the annuity, unless the annuity is insufficient, in which case the enrollment may be canceled. Application for Death Benefits should be filed promptly in order to avoid any question about health benefits coverage.

EMPLOYEES' COMPENSATION

If you are entitled to compensation under the Federal Employees' Compensation Act, your enrollment will be automatically continued while you are in receipt of monthly compensation and held by the Secretary of Labor to be unable to return to duty. Covered family members of a deceased employee or compensation claimant will also have their enrollment automatically continued while they are in receipt of monthly compensation if the deceased (1) had at least 5 years of civilian service and (2) died as a result of a compensable injury or illness and (3), in the case of a deceased compensation claimant, had been held by the Secretary of Labor to be unable to return to duty. The compensation claimant's or survivor's share of the cost of the enrollment will be deducted from the monthly compensation checks. In any case the compensable illness or injury must have occurred after the effective date of the Health Benefits Law.

PART E.—ENTRY ON ACTIVE MILITARY DUTY

Your enrollment and coverage will be suspended on the date you enter on active military duty for more than 30 days if you are entitled to reemployment rights in your civilian position. The coverage of the members of your family will also be suspended. Your enrollment will be reinstated without change when you return to

active duty in your civilian position. However, if you return to a civilian position under conditions which do not entitle you to exercise your reemployment rights, you must register again in the same manner as a new employee.

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FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

GAO 5000

A. IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
4. ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)	5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO.
		7. DATE ACTION BECOMES EFFECTIVE

(DROP)

B. TERMINATION

(ADD)

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN TERMINATES EFFECTIVE ON THE DATE SHOWN IN ITEM 7, ABOVE. YOU ARE ELIGIBLE TO CONVERT TO A NONGROUP CONTRACT.
(SEE PART B ON BACK OF ORIGINAL FOR INFORMATION ON TEMPORARY EXTENSION AND CONVERSION)

C. CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN BY ITEM 6, ABOVE, HAS BEEN TERMINATED IN ACCORDANCE WITH YOUR RECENT ELECTION OF ANOTHER PLAN.

D. TRANSFER

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN WILL BE TRANSFERRED TO.
EMPLOYING OFFICE (OR RETIREMENT SYSTEM) ADDRESS
(SEE PART D ON BACK OF ORIGINAL FOR INFORMATION ON TRANSFER OF ENROLLMENT)

YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN TRANSFERRED TO THIS OFFICE. ☐

E. SUSPENSION OR REINSTATEMENT

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN SUSPENDED WHILE YOU ARE ON ACTIVE MILITARY DUTY OR FOR THE REASON STATED IN REMARKS.
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F. CHANGE IN NAME OF ENROLLEE

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NAME ADDRESS IF DIFFERENT FROM ITEM 4, ABOVE DATE OF BIRTH

G. CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. ☐

NEW ENROLLMENT CODE NUMBER

H. REMARKS

I. DATE OF NOTICE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL	DATE	PAYROLL ACTION (INITIAL AND DATE)	REFO
NAME OF AGENCY			

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NEW ENROLLMENT CODE NUMBER

H. REMARKS

I. DATE OF NOTICE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL	DATE	PAYROLL ACTION (INITIAL AND DATE)	SF 2811 REPORT NO.
Approved For Release 2003/08/13 : CIA-RDP86-00964R000100120018-5			

DUPLICATE.—Send to carrier attached to Transmittal and Summary Report to Carrier (SF 2811) at earliest possible date.

TRIPLICATE.—Use as payroll action document, if necessary.

QUADRUPLICATE.—In cases of death or retirement reported as "Transfer" to Civil Service Retirement System, send to Commission together with triplicate copy of all of the employee's Health Benefits Registration Forms (SF 2809) including any Medical Certificates attached thereto, Individual Retirement Record (SF 2806) and any other applicable documents. For other retirement systems (including Bureau of Employees' Compensation, Department of Labor), send these documents (or the equivalent) to the office administering the system.

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FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

A. EMPLOYING DATA

1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
4. ADDRESS (NUMBER / AND STREET)			5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO.
(CITY AND ZONE NUMBER)		(STATE)	7. DATE ACTION BECOMES EFFECTIVE	

B. TERMINATION

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YOU ARE ELIGIBLE TO CONVERT TO A NONGROUP CONTRACT.
(SEE PART B ON BACK OF ORIGINAL FOR INFORMATION ON TEMPORARY EXTENSION AND CONVERSION)

C. CHANGE IN PLAN

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EMPLOYING OFFICE (OR RETIREMENT SYSTEM) ADDRESS
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F. CHANGE IN NAME OF ENROLLEE

THE ENROLLMENT SHOWN IN PART A, ABOVE, HAS BEEN CHANGED TO: ☐
NAME ADDRESS IF DIFFERENT FROM ITEM A ABOVE

G. CHANGE IN ENROLLMENT—SURVIVOR ANNUITY

YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. ☐
NEW ENROLLMENT CODE NUMBER

H. REMARKS

I. DATE OF NOTICE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL DATE

INSTRUCTIONS FOR EMPLOYING OFFICES
Approved For Release 2003/08/13 : CIA-RDP86-00964R000100120018-5
PURPOSE OF FORM

This form covers health benefits actions except enrollments, changes of coverage within a plan, and cancellations which are processed on Health Benefits Registration Form (SF 2809). When an action requires a change in health benefits enrollment, SF 2810 should be prepared as soon as the effective date has been established and the form should be given to enrollee immediately.

PROMPT ACTION REQUIRED FOR CONVERSION

To be eligible to convert to a nongroup contract, enrollee must furnish his copy of this notice to his Plan not later than 31 days after the date shown in Part A, Item 7, or 15 days after the date shown in Part I, whichever gives him more time. Therefore, make this form available as soon as possible.

COMPLETION OF FORM

PART A—IDENTIFYING DATA

1. For Items 1, 2, 3, and 6, transcribe from the last SF 2809 or 2810, whichever is the most recent.
2. Item 4, use most recent known address.
3. Item 5, use payroll office number of office authorized to process withholdings.
4. Item 7, date as follows for action reported in:
 - A. TERMINATION—Last day of pay period in which separation (or other action terminating enrollment) occurs except, when coverage terminates because of completion of 365 days in nonpay status, use date of 365th day.
 - B. CHANGE IN PLAN—Last day of pay period preceding effective date of election to change plans.
 - C. TRANSFER—Actual date.
 - D. SUSPENSION OR REINSTATEMENT—Actual date.
 - E. CHANGE IN NAME OF ENROLLEE—Actual date.
 - F. CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT—Effective date of sole survivor's annuity.

PART B—TERMINATION

These actions terminate enrollment with enrollee eligible to convert to individual contract:

- Separated
- Retired—not eligible to continue enrollment
- Death—no survivor eligible to continue enrollment
- Termination of title to annuity or compensation
- Changed to excluded position or category
- 365 days nonpay status completed.

PART D—TRANSFER

Use this box to report transfer actions, such as:

- Transferred to (or from) another agency—employment status
- Transferred to (or from) another payroll office

Retired—transfer to a retirement system—employee appears eligible to continue enrollment as an annuitant.
Death—transfer to retirement system—survivor appears eligible to continue enrollment as a survivor annuitant.
Transferred to (or from) FECA compensation
Enrollment continued by a retirement system will also be indicated in "Remarks" by "EMPLOYEE-ANNUITANT," or "SURVIVOR ANNUITANT," as appropriate.

PART E—SUSPENSION OR REINSTATEMENT

State in "Remarks" reason for any action not applicable to active military duty such as Reinstatement of erroneous separation.

PART F—CHANGE IN NAME OF ENROLLEE

Use for reporting changes in name. Show date of birth only where name change is from an employee or annuitant to a survivor annuitant.

PART G—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

Agencies administering retirement systems will make this determination on the basis of documentary evidence that there is only one survivor annuitant.

PART H—REMARKS

Use this box to bring to the attention of the employee, annuitant, or carrier any pertinent information to clarify or support the action being taken.

PART I—DATE OF NOTICE

Facsimile signature is acceptable. Date as of day of issuance to enrollee.

POSITION

ORIGINAL—Deliver (or mail) to employee, annuitant, or survivor at earliest possible date.

DUPLICATE and TRIPLICATE—Send to appropriate payroll office.

QUADRUPPLICATE—File in Official Personnel Folder (or its equivalent) except in cases of death or retirement reported as "Transfer" to a retirement system (including Bureau of Employees' Compensation). In latter cases, send all of the employee's Health Benefits Registration Forms (SF 2809) including any Medical Certificates attached thereto and this Quadruplicate SF 2810 to appropriate payroll office for transmission to agency or office administering retirement or compensation system.